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16085 U.S. PTO

Atty. Dkt. No. 089339-0385
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Wiant, et al
Title: BUS JOINT COVER ASSEMBLY
Appl. No.: Unknown
Filing Date: September 5, 2003
Examiner: Unknown
Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
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(Express Mail Label Number)	(Date of Deposit)
Lori A. Wilson (Printed Name)	
 (Signature)	

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

03916 U.S. PTO
10/656816
09/05/03

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Jason P. Wiant
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Enclosed are:

- [X] Specification, Claim(s), and Abstract (15 pages).
- [X] Informal drawings (3 sheets, Figures 1, 2a, 2b, 3, 4, 5, 6).
- [X] Declaration and Power of Attorney (4 pages).
- [X] Assignment of the invention to Siemens Energy & Automation, Inc..
- [X] Assignment Recordation Cover Sheet.
- [X] Check in the amount of \$40.00 for Assignment recordation.
- [X] Information Disclosure Statement.

☒ Form PTO-1449 with copies of 2 listed reference(s).

☒ Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$750.00		\$750.00
Total Claims:	22	-	20	=	2	x	\$18.00	=	\$36.00
Independents:	3	-	3	=	0	x	\$84.00	=	\$0.00
If any Multiple Dependent Claim(s) present:						+	\$280.00	=	\$0.00
							SUBTOTAL:	=	\$786.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):								=	\$0.00
							TOTAL FILING FEE:	=	\$786.00

☒ A check in the amount of \$786.00 to cover the filing fee is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 9-5-03

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By


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